

Worksite Inventory Program Secondary Prevention Assessment

Name of Company:
Name of Rater:
Date of Interview:
Name of Interviewee:
Worksite Telephone number:

In addition to information about the Worksite Inventory we conducted, we would also like to ask the following questions.

- 1)** Does your worksite offer a course in CPR, also called Basic Life Support?
Yes No

(if yes, go to question 1a, if no, go to question 1e)

- 1a)** Are these classes available for all employees? Yes No

- 1b)** Is the price of the class: Free Subsidized Full Price

- 1c)** Are these classes available to family members of employees?
Yes No

(if yes, go to question 1d, if no, go to question 1f)

- 1d)** Is the price of the class: Free Subsidized Full Price

(go to question 1f)

- 1e)** Would your worksite be interested in being contacted by a person or organization to set up a CPR class for your employees?
Yes No

- 1f)** Does your worksite require that at least one person with CPR certification be on-site at all times? Yes No

- 2)** Does your worksite offer training in how to recognize the signs and symptoms of heart attack? Yes No

(if yes, go to question 2a, if no, go to question 2e)

- 2a)** Are these trainings available for all employees? Yes No

- 2b)** Is the price of the class: Free Subsidized Full Price

- 2c)** Are these classes available to family members of employees?
Yes No

(if yes, go to question 2d, if no, go to question 3)

- 2d)** Is the price of the class: Free Subsidized Full Price

- 2e)** Would your worksite be interested in being contacted by a person or organization to set up a training to recognize the signs and symptoms of heart attack? Yes No

3) Does your worksite offer training in how to recognize the signs and symptoms of stroke? Yes No

(if yes, go to question 3a, if no, go to question 3e)

3a) Are these trainings available for all employees? Yes No

3b) Is the price of the class: Free Subsidized Full Price

3c) Are these classes available to family members of employees?

 Yes No

(if yes, go to question 3d, if no, go to question 4)

3d) Is the price of the class: Free Subsidized Full Price

3e) Would your worksite be interested in being contacted by a person or organization to set up a training to recognize the signs and symptoms of heart attack? Yes No

4) Are you familiar with Automatic External Defibrillators, more commonly known as AEDs? Yes No Don't Know

5) Does your worksite have at least one AED on site?
 Yes No Don't Know

(if yes, go to question 5a, if no, go to question 5g, if don't know, go to question 6)

5a) Are there trainings available for all employees to learn how to use the AED?

 Yes No

5b) Does the worksite have trained, designated employees who will assist a person in need with an AED? Yes No

5c) Does the worksite require that somebody with AED training be on-site at all times? Yes No

5d) Who is responsible for maintenance of the AED(s) at your worksite?
 Their company AED company Don't Know

5e) How often is/are the AED(s) serviced?
 _____ X year _____ X month Don't Know

5f) Has your worksite registered the AED(s) with your local Emergency Medical Service (EMS) and/or other entities required by ordinance, such as a local city AED registry? Yes No Don't Know

5g) Does your worksite plan to install one or more AED's in the worksite within the next six months? Yes No Don't Know

(if yes, go to question 6, if no, go to question 5h)

- 5h)** Is your worksite considering installing one or more AED's in the worksite at any time in the future? Yes No
(if yes, go to question 6, if no, go to question 5i)
- 5i)** Would your worksite be interested in being contacted by a person or organization to provide more information on the health and financial benefits of AED's in the workplace? Yes No
- 6)** Outside of screening events, does your worksite have permanent on-site access for an employee to check their blood pressure?
 Yes No
- 7)** Does your worksite have: (check all that apply)
occupational health nurse
safety officer
other: (specify)
none